

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF

CORRESPONDENCE ADDRESS

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	Application Number	09/863,645				
	Filing Date	May 23, 2001				
	First Named Inventor	SPIES, Alberto				
	Art Unit	3765				
	Examiner Name	PATEL, Tajash D.				
	Attorney Docket Number	T5725.0002				

To: F	Commissioner for Patents P.O. Box 1450						
Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified natent application, and							
	Please withdraw me as attorney or agent for the above identified patent application, and						
=	X all the attorneys/agents of record.						
L th	the attorneys/agents (with registration numbers) listed on the attached paper(s), or						
th							
NO	E: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.						
The reasons for this request are:							
File Tr	ransfer	RECEIVED					
		JUN 2 1 2005					
		TECHNOLOG	TECHNOLOGY CENTER R3700				
CORRESPONDENCE ADDRESS							
The correspondence address is NOT affected by this withdrawal.							
2. 🛱	2. X Change the correspondence address and direct all future correspondence to:						
The address associated with Customer Number:							
OR							
	n or ividual Name Alberto Spies						
Address	1100 Warburton Avenue		_				
City	Yonkers State NY		Zip	10701			
Country	U.S.A.						
Telephone	(914) 613-8920 Email						
Signature / w/ / / / / / / / / / / / / / / / / /							
Name	Keith D. Nowak	Registration No.		27,367			
Date	June 16, 2005	Telephone No.		(212) 896-5426			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.							